

GUIDELINES ON THE USE OF ASPIRIN AND CALCIUM TO REDUCE THE OCCURENCE OF PRE-ECLAMPSIA

Introduction

Pre-eclampsia remains a major worldwide problem and still a major burden and contributes significantly to maternal and fetal mortality and morbidity. There are evidences that suggest certain intervention reduce the risk of developing pre-eclampsia is among certain group of patients:

1. Systematic review by Cochrane's shows that anti-platelet agent have moderate benefits when used for prevention of pre-eclampsia and its consequences.
2. Another systematic review by Cochrane's Library on the role of calcium supplement in pregnancy shows there are 55% reduction in pre-eclampsia, 35% reduction in hypertension and 24% reduction in preterm birth.

This short guideline is prepared in order to streamline the practice for the whole state and to guide the staff in MCH on how to identify the high risk patients and how to start them on aspirin and calcium.

Flow chart and checklist below should be made available in all MCH and to be used to identify high risk patients during booking.

FLOWCHART ON HOW TO IDENTIFY HIGH RISK PATIENTS AND STARTING THEM ON ASPIRIN AND CALCIUM CARBONATE

Assessment at booking.
Identify risk factor for Pre-eclampsia

One or more high risk factor:	Two or more moderate risk factors:
High blood pressure before pregnancy (chronic hypertension)	First pregnancy
High blood pressure or pre-eclampsia in a previous pregnancy	Age 40 or older
Diabetes	BMI >35
Chronic kidney problems	Twins or triplets
Autoimmune problems such as Systemic Lupus Erythematosus (SLE)	Your last pregnancy more than 10 years ago
	A family history of pre-eclampsia

Start T Aspirin 150mg ON after 12 weeks. Preferably before 16 weeks but may still be beneficial up to 24 weeks.

Start T Calcium Carbonate 1g BD from 20 weeks. May still be beneficial if started from up to 34 weeks.

CHECKLIST ON RISK FACTORS IDENTIFICATION DURING BOOKING

No	Pre-eclampsia risk factors		
High risk (refer flow chart of any ONE of these factors present)		Yes	No
1	History of hypertensive disease in previous pregnancy		
2	Chronic renal disease		
3	Autoimmune disease such as SLE or APS		
4	Chronic hypertension complicating current pregnancy		
5	Type 1 or type 2 diabetes		
Moderate risk (refer flow chart if TWO of these factors present)		Yes	No
1	Primigravida		
2	Age ≥ 40 years old		
3	Pregnancy interval ≥ 10 years		
4	BMI ≥ 30 at booking		
5	Multiple pregnancy		

Final assessment

1. Prophylaxis needed
2. Aspirin started
3. Calcium carbonate started

Yes / No

Yes / No date if yes: / /

Yes / No date if yes: / /

Assessment by:

Drugs prescribed by:

Prepared by,
Dr Harris Suharjono
Consultant Obstetrician & Gynaecologist
2015

Date of implementation: 2015
Review and amended: 15/1/2023
Reviewer: Dr Pow

Approved by: Dr Rafaie bin Amin

